

Society Proceedings.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, December 7th, 1886.

C. L. DANA, M.D., *President in the Chair.*

DR. W. R. BIRDSALL presented a case of progressive muscular atrophy with bulbar symptoms.¹

DR. E. C. SEGUIN had seen very few examples of unilateral progressive muscular atrophy. He had at present one patient under observation in whom the muscular atrophy was limited to one side, presenting the electrical and other characters of progressive muscular atrophy.

DR. W. M. LESZYNSKY had a girl, aged seventeen, under observation in whom the atrophy was unilateral, affecting only the supraspinatus, deltoid, and a portion of the trapezius.

SELF-ABUSE IN ITS RELATION TO INSANITY.

DR. E. C. SPITZKA, the author of the paper, after citing the views of the classical writers, stated that the question of the existence of a special form of insanity, due to self-abuse and to nothing else, was complicated by the existence of another well-demarcated affection known as the insanity of pubescence. The mental diseases due to self-abuse usually occurred at the same period of life as the latter disorder. This fact explained the similarity of many clinical features between them. The question was further complicated by the fact that hebephreniacs (sufferers from pubescent insanity) are often addicted to self-abuse, and that thus the features of one disorder may be engrafted upon the other.

The continental authorities do not recognize a special form of masturbational insanity in their tables. Schüle, it is true, speaks of *onanistic insanity* in the sense in which Maudsley uses that term; but he assigns no part to it in his classification, and dis-

¹ To appear in the next number of this JOURNAL.

poses of it in a few lines. Krafft-Ebing recognizes the vice as an etiological factor, and speaks of such and such forms of insanity on a masturbational basis. He, as well as Schüle, with the majority of recent German writers, follows Ellinger in attributing to the *masturbatory neurosis* a relation to the development of insanity analogous to hereditary and other admitted predisposing and determining factors. I have yet to find any dissent expressed by these authorities from the position taken by Emminghaus, who claims that, owing to its causal relationship to widely differing forms of insanity, it is not proper to speak, as Skae does, of a special form due to masturbation. This critical remark would seem to be supported not only by the clinical facts accessible to every observer, but also by the confusion existing among those writers who have attempted to define and demarcate such an affection. Skae speaks of a peculiar imbecility and shy habits as characterizing the disorder among the youthful, and suspicion and fear and scared looks, palpitation and feeble bodies as found in older victims, who gradually pass into dementia. The most distinguished follower of Skae attributes the following symptoms to that form of insanity of which masturbation is the chief cause and "the chief symptom present," giving "the whole case distinct features"; exaggerated self-feeling, conceited shallow introspection, frothy emotional religious notions, and a restless unsettled state with foolish hatchings of philanthropic schemes. Luther Bell, who with Isaac Ray was among the earliest to attribute special symptoms to insanity caused by masturbation, furnishes a very faithful picture of certain cases, whose particular feature he describes as being a tendency to dementia, a loss of self-respect, a sulky, mischievous, and dangerous disposition, and a subjectively irritable and depressed state of mind. Griesinger, who does not recognize a special form and denies specific characters, admits that the majority of cases are marked by a profound dulness of sentiment and mental exhaustion, by religious delusions and hallucinations of hearing, and a rapid transition to dementia, in the event of incurability, which latter is the usual issue.

The effect of masturbation on the mind and nervous system varies according to the age at which it is commenced. Like other agents which are injurious to the developing brain, such as epilepsy, alcohol, and syphilis, its effect is most rapid and serious in younger children, less so in adolescents, and least marked in adults—unless protracted. For very young infants it causes a

profound deterioration, manifesting itself in convulsive, choreic disorder, and imbecility. In those who masturbate between the fifth and tenth years the effects seem to be manifested chiefly in arrested brain nutrition. Spontaneity of thought and action is absent with such children; they do not play as their comrades do.

There are a number of other circumstances which modify the development of mental disturbance in masturbators. The age between twenty and thirty-five is pre-eminently the period of somatic introspection. It is at this period, if at any, that the average man begins to think about his bodily condition. In these years men weigh themselves, discover that they have too much or too little flesh, develop slight gastric or intestinal disorders, reflex nervous symptoms, or indulge to excess in tobacco, in baccho, and in venere, and consequently are on the *qui vive* for the occurrence of cardiac, renal, or venereal disease, or of sexual disability. It is at this period that the results of masturbation are most deeply felt by a large proportion of the victims of that habit. The prevalent tendency of his age and of his associates of the same age carries him into a veritable nosomania. Perhaps, also, he attempts, under lay or medical advice, to accomplish coitus, and fails. It is for this reason that we find the larger portion of cases of insanity due to masturbation developing between the twenty-fifth and thirty-fifth year classified as "hypochondriacal paranoia."

A number of typical histories were then related, from which the author drew the following conclusions: 1. Self-abuse is an etiological factor in a large number of cases of insanity but only those cases should be designated as insanity of masturbation in which the connection between the excesses and the symptoms is direct; 2. Self-abuse, to produce insanity, must have been carried very far or the subject must be predisposed. Often onanism can be traced in other members of the family, and very often it is found that the maternal ancestry is a weak one; 3. Mania, melancholia, and epilepsy occasionally occur in young masturbators, the former two usually having a favorable prognosis; 4. Stuporous insanity and katatonia are both common, and the former presents good prospects; 5. The forms thus far mentioned when occurring in masturbators present no essential difference from the typical psychoses. They should therefore be designated as mania, melancholia stupor, etc., *from* masturbation, and not as masturbational insanity; 6. There is a chronical delusional insanity in grown persons who have been devotees of self-abuse, and it is usually a hy-

pochondriacal *paranoia*. Clinically, it is very like typical *paranoia*, and etiologically it is not the direct result of self-abuse, but rather of an intermediate neurosis, a cerebro-spinal irritation which is due to self-abuse; 7. Finally, there is a form of insanity developing about or after the period of puberty which does merit the name 'masturbational insanity'; it is chronic, has a tendency to agitated dementia, is characterized in its early period by anxiety, timidity, suspicion, fear, and a cowardly, mean disposition. Later there are confusion, meddlesome, aggressive behavior, vague delusions, loss of memory, and deterioration. After these are observed spells of fury or destructiveness. This form is never due to any other cause, and resembles no other form of insanity than the one already alluded to; 8. It is not always possible to differentiate between the insanity of pubescence and the form described. But where the former disorder is uncomplicated by the latter, it may be known by a history of peculiarities in infancy and childhood, by the greater constancy of the mental state which in onanists is exceedingly variable. Hebephreniacs are more apt to be expansive in their notions, more inclined to favor projects of a chimerical character; in other words, insanity of pubescence is the *paranoia* of adolescence, and masturbational insanity the pre-senile dementia of the same period of life.

DR. RALPH L. PARSONS made some remarks with reference to the treatment. The diet should be principally vegetables and milk, with little meat and stimulating condiments. As the patient sought solitude, he should be thrown as much as possible with others, not alone of his own sex, but also of the opposite sex. He should be kept occupied, and manual labor of some form, like farming, was best. He knew of no special benefit to be derived from medicinal treatment, as with the bromides, or with the application of irritating substances to the penis. Cutting off the prepuce might be of advantage in some cases. The patient should be closely watched day and night; mechanical appliances might sometimes be necessary; moral influence could be depended upon to a certain extent.

DR. KELLOGG agreed with the author in the conclusions arrived at in the main. But he would like to know Dr. Spitzka's views as to the relative importance of artificial sexual indulgence and indulgence in the natural manner as factors in the production of insanity. Masturbation was a wide term, and ought to be defined. The effects in some cases were more observable in spinal lesions,

in others in cerebral lesions. He believed that masturbation itself was not capable of producing insanity in a person of sound heritage. He was convinced that it was capable of suspending mental growth and producing forms of imbecility in those of sound parentage. He knew it could produce insanity at the time of pubescence, and there were persons of mature age who had a predisposition to insanity in whom the attack was excited directly by sexual excess. Occasionally persons indulged to excess for a year or two only, as did sailors sometimes when on long voyages. Masturbation was also capable of producing insanity in old persons who were on the decline; it hastened dementia. He did not think there was a peculiar set of symptoms; the age of the patient, his education, his heritage, his whole mental make-up influenced the symptoms more than the exciting cause. He did not believe it possible to separate masturbation from other forms of sexual excess, and the title "sexual abuse" would have been more appropriate, because more comprehensive, than "self-abuse."

DR. NOYES said that of the cases referred to by the author as having been cured he had seen one in the Bloomingdale Asylum and he attributed recovery in that case to transferring the patient to a farm, where his whole mode of life, including diet, was changed and for the better.

DR. L. C. GRAY thought the author had given an accurate description of the mental disturbances often seen associated with the habit of masturbation, but he asked if he did not also find similar mental disturbances in individuals who were not masturbators.

DR. SPITZKA replied that in individual cases he had, but not in groups of cases as occurred in masturbators.

DR. GRAY had seen the mental disturbances described in patients addicted to masturbation, but he had been unable to decide as to what extent masturbation could be considered as a cause or simply an associated habit. He had two cases in mind in which that group of symptoms were followed in the course of a few weeks by masturbation in individuals who had not previously been addicted to self-abuse. He had seen the same symptoms follow excessive sexual intercourse. He had in some cases noticed very exaggerated and extensive cremaster reflex.

In closing the discussion, DR. SPITZKA said that there were undoubtedly some forms of sexual vice which were physically as injurious as onanism; but he had not seen a sufficient number of cases to enable him to say anything about their mental sequelæ,

unless he cared to risk being premature. He had known epilepsy and stupor to follow natural sexual excess in a young person, and parietic dementia in more than one cunnilinguist and sodomist. The form he had sketched was, as far as his experience went, only found in masturbators. While he admitted, with Dr. Kellogg, that the single act of onanism was physically not a formidable thing, not much, if anything, different from normal coitus, there were two respects in which the onanist and libertine differed most widely, one was a moral, the other a physical feature. The onanist practises a secret crime, the social and gregarious element is excluded. Knowing that his act is despised, he becomes inclined to suspicion and fear of discovery. A libertine cannot exceed beyond a certain limit. Coitus requires a certain condition of the organs, which implies the existence of certain normal energies; when these fail, the limit is set to further excess. With the onanist it is very different. There are masturbators who require no erection; yea, who succeed in their injurious act without any manipulation. The consequence is that they pass far beyond the limit set by nature to natural excess, and no calculation can be made of the damage done.

Dr. Parson's dietary propositions were indorsed by the highest authority. Individually, the speaker was not decided in his own mind whether a highly nutritious diet would prove injurious in certain phases.

Stated Meeting, January 4th, 1887.

C. L. DANA, M.D., *President, in the Chair.*

DR. W. H. PORTER presented the knee joint and spinal cord in a case of spinal arthropathy, and the spinal cord in a case of acute tabes dorsalis of six weeks' course. (To appear in the April number of this JOURNAL.)

DR. MARY P. JACOBI read a paper entitled,

NOTE ON APHASIA WITH REFERENCE TO LOSS OF NOUNS.¹

PERIPHERAL NEURITIS AND THE PAINFUL PARALYSIS OF EARLY LIFE.

DR. H. D. CHAPIN read the paper, and said there had been great scarcity of autopsies in comparison to the frequency of paralysis in children. For that reason, a very careful clinical study was necessary, interpreted in the later knowledge of anatomy

¹ See p. 94, this JOURNAL and volume.

and physiology of the central and peripheral nerves. The writer had met an atrophic form of paralysis differing at its inception, development, and result from the spinal paralyses with which he was familiar. Most of the autopsies had been made many years after the paralysis, when death had taken place from some other cause. There having been but few autopsies in proportion to the number and variety of cases of paralysis, there seemed rather a slender basis for the theory of exclusive spinal paralysis of childhood. Laborde's case is mentioned where a tabetic neuritis existed with sclerosis of the antero-lateral horns, while the ganglion cells were found normal. Robin's case was cited, where no lesion of the cord was discovered. Such a case would show that paralysis is not necessarily always spinal. Barwell's theory was incidentally mentioned. He claimed that infantile paralysis is purely peripheral, involving the ultimate fibrillæ of the nerves among the muscular elements. Later, Leyden advanced a more rational explanation when he considered that in atrophic paralysis there may be neuritis with spinal cord lesion, and that instead of such forms of paralysis always originating in the spinal cord, they may have their beginning in any part of the motor apparatus, then spreading to other parts, or remaining limited to the part first affected. Leyden claims that where complete recovery takes place the morbid processes always remain peripheric. Leyden's theory is accepted by the author of the paper as affording satisfactory explanation for certain cases that he has observed clinically. The histories of three cases were given in which paralysis was gradual at the onset, and attended by great and persistent pain. Pain was one of the most marked symptoms, and principally at the extremities—legs and feet. Most of these cases lasted several months, and then, to the surprise of the writer, slowly recovered. Atrophy was present. One of the cases appeared strongly rheumatic. In the other two, the cause was uncertain. Malarial poisoning appeared to be able to produce a more or less severe form of multiple neuritis resulting in paralysis. The history of a mild case was given which recovered under quinine.

Several cases were related in which children with malarial fever were seized with painful paralysis, lasting in one case over four months, followed by recovery. A possible explanation of pain is, that it is due to the marked general congestion of the gray matter of the spinal cord. The author stated that in his cases, and others like them, there were no other symptoms showing irritation

in the deeper parts of the cord. The general congestion or myelitis should cause bladder symptoms, bed sores, and other disturbances. Histories of two cases of lead paralysis in young children seen by the author were given. The lesions were regarded as largely peripheric. Cold usually attacks by preference the peripheric system of nerves. The loss of power sometimes following rheumatism is also probably of this nature. Any morbid blood condition appears able to produce a peripheral paralysis in early life, particularly the acute infectious diseases, especially diphtheria. The lesion in diphtheria is now known to be largely peripheric.

The object of the paper is suggestive, not dogmatic. The author has gladly availed himself of recent studies in peripheral neuritis tending to throw light upon some of the paralyses of children which have caused much perplexity. The great differences in the clinical behavior of paralyses in early life, in duration and curability, must admit of different anatomical and pathological explanations.

DR. M. ALLEN STARR did not know of any recorded case in a patient under twenty-four years of age in which a lesion of a peripheral nerve had been found at autopsy which would account for the paralysis, and while there was great probability in the statements made by the author, yet they lacked confirmation by autopsy. The points had been brought out very well with regard to the distinctions between peripheral neuritis and anterior poliomyelitis, but he would take exception to what had been said regarding the rapidity of the onset. There were many cases of acute onset of peripheral neuritis, the patient having fever and chill, and the limbs within twenty-four hours becoming entirely immovable. Too much attention could not be given to the usually great tenderness in the muscles and nerves in multiple neuritis.

DR. RUDISCH said that he was the first to observe, as long ago as eight or nine years, a form of polio-neuritis leading to paralysis and atrophy, and which followed affections of the joint, often so-called rheumatic affections. We now saw often enough an affection of one or more joints with inflammation, followed after awhile by paralysis, usually curable.

DR. FISHER said a girl 13 or 14 years of age was brought to the dispensary with the history that one morning after taking cold she woke up with paralysis of the upper and lower extremities.

At that time, she had only paralysis in one leg, which, he supposed, without thought of neuritis, to be ordinary polio-myelitis. Rapid improvement took place, and she recovered within six weeks, and the minister who brought her reported the case as one cured by faith. Dr. Fisher was unable to say whether the case was an affection of the anterior cornua or one of multiple neuritis.

DR. SACHS thought we should not be influenced too much by the present fashion, and call all or most of the cases formerly regarded as polio-myelitis cases of multiple neuritis. Referring to one of the cases related in the paper, and the symptoms of pain, he said too much stress should not be laid upon it unless it was severe, persistent, and located distinctly along the tract of a peripheral nerve.

DR. LESZYNSKY regarded pain as a prominent symptom of neuritis, absent in the majority of all of the cases of simple polio-myelitis. The pains present in some of Dr. Chapin's cases reminded him of the pain from straining of the tendons of the extensor muscles which had been for some time in a paralyzed state.

DR. CHAPIN thought that a neuritis would occasionally explain cases which could not be accounted for on the supposition of a spinal lesion, and he would rather say halt ! to the universal spinal cause of disease. With regard to pain it was difficult to locate it along a particular nerve in children, but in his cases it was acute and persistent, and not due simply to stretching of tendons.